OFFICIAL COLORADO STATE DOCUMENT DO NOT ALTER THIS FORM

CERTIFICATION FOR PERSONAL SERVICES AGREEMENTS

Additional supporting documentation may need to be provided in addition to the completion of this form in its entirety. Contact your department's human resource office for assistance.

Depart	ment/Ir	stitutio	n Name:										
Contract Routing/PO Number:						Modification #:							
Original Total \$ Amount:						New Total \$ Amount:							
Contracting Company:						Assigned Individual Contractor/Leased Worker(s):							
TERM	OF AGE	REEMEN	IT				From:		T	0:			
1.	differer	nce in so	lification, cope from ding do no	the	original	contr	act. (Ex	tensions	s, rer				
2.	service	s, skills	an explar and expe ect benefi	rtise	e to be pu	ırcha	sed, how						
3.			993, are th outside c						ot fo	otnote	s to t	he Lon	g Bill)
	No		Ye	es	If yes ,	cite s	tatute. (C.R.S.					
4.	Have tl staff?		ces propos	sed	for outso Yes	urcin	g been p	erforme	ed by	state	perso	onnel s	ystem
	If yes , A. B. C.	When? What jo	the follow bb class w d the depa	as ı	utilized?	de to	contract	out the	se se	ervices	s?		
	Are the	ese servi	ices ongoi	ng 1	for an ind	efinit	e period	of time?	?	No	Yes	S	
			has perm ck List)?								ervice	s (see	Prior
5.	Will the	e propos	ed contra	ct d	lirectly im	pact	any curr	ent stat	e pe	rsonne	el syst	tem sta	iff?
	No		Yes										
	If yes , A.		the follow th employ								and (current	salary.

	В.	What measures will be taken to mitigate the impact, i.e., transfer, training, reassignment of job duties?							
	C.	New position number of job class for impacted employees and new salary (if applicable)?							
6.	vacan addre	n analysis conducted to determine if the service is best performed by filling cies or permanently contracting? Provide documentation of the steps taken to so issues with program services before the decision to contract was made, e.g., cing efforts, cost benefit analysis.							
7.	docun	What is the difference in cost between the contractor and the state (supporting documentation must be provided)? Cost must be considered in accordance with Director's Rule 10-2.							
	Contra	actor Cost State Cost							
8.		the individual or contractor performing the service, previously been used in any acity listed below (indicate type and dates of performance)? Yes If yes , give last dates of employment or contract performance.							
	Tempo	prary Employment Dates Permanent Employee Dates							
	Contra	act Performance Dates							
	accura	TO BE SIGNED BY PROGRAM REPRESENTATIVE ning below, you are certifying that all information, to the best of your knowledge is te and true and that the requirements for the business case as outlined in Director's 10-2 have been met.							
	Depar	tment/Institution Representative Title Phone Number							

THE FOLLOWING TO BE COMPLETED BY HR PERSONNEL ONLY

 I attest that the acquisition of services from the independent contractor will not result in the separation or displacement of state personnel system staff. Employees directly affected by the contract will be given proper notices as defined in Rule 10-5.
2. Review/Approval Criteria: The following are statutory citations by which the impacts to state personnel system staff are evaluated. Please identify those statutory criteria that would make this request an approvable agreement.
 □ The contract meets the relevant cost savings test. A "Cost Analysis" form must be completed and attached to this form. C.R.S. 24-50-503 □ The contracts is for a new state program (created after 4/7/93), which statutorily authorizes the performance of the program by independent contracts. C.R.S. 24-50-504(2)(b) □ The contracted services are not available within the state personnel system, or cannot be performed satisfactorily by state employees, or are of a highly specialized or technical nature. C.R.S. 24-50-504(2)(c) □ The services are incidental to a contract for the purchase or lease of real or personal property. C.R.S. 24-50-504(2)(d) □ The contract is needed to protect against a conflict of interest, or to ensure independent and unbiased findings in cases where there is a clear need for a different, outside perspective. C.R.S. 24-50-504(2)(e) □ The contractor will provide equipment, materials, facilities, or support services that could not feasibly by provided by the state in the location where the services are to be performed. C.R.S. 24-50-504(2)(f) □ The contractor will conduct training courses for which appropriately qualified state personnel system instructors are not available. C.R.S. 24-50-504(2)(g) □ The services are of an urgent, temporary, or occasional nature. C.R.S. 24-50-504(2)(h) □ The contract is for purchased services. (The acquisition of services which directly benefit specific groups or individuals in the public at large.) C.R.S. 24-50-504(3) □ This is an intergovernmental agreement. C.R.S. 24-50-508 □ The services provided are for a term of six months or less and are not expected to recur on a regular basis. C.R.S. 24-50-513
PERSONAL SERVICES CERTIFICATION HR Representative ONLY
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Independent Contractor Certification: The signature below indicates that the contract or commitment voucher is indeed an independent contract that does not create an employee-employer relationship and that these documents contain the required independent contractor language as part of the Director's Rules 10-4(E)(4).
Department/Institution Certification: I hereby certify that the attached agreement for personal services meets at least one criterion stated above and that all responses on this certification are true and accurate, to the best of my knowledge.
Date: by: Human Resource Representative Title/Work Phone Number
Revised document DPA 11/30/05